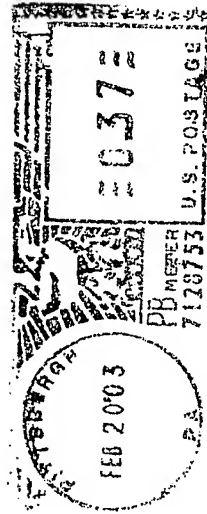


3261



Electronic Intellect Survey
P.O. Box 81911
Pittsburgh, PA 15217

A

1. What part of the country do you live and work in?
- ☐ North Western United States ☐ Mid Western United States ☐ South Eastern United States
- ☐ South Western United States ☒ North Eastern United States ☐ Southern United States

2. Where do you practice medicine?

- ☐ Private practice ☐ Clinic ☐ Hospital ☒ Private industry

3. How many doctors currently work at your location?

- ☐ 1 ☐ 2 to 5 ☐ 6 to 20 ☐ 21 to 100 ☒ Greater than 100

4. How many prescriptions do you write on average in a day?

- ☐ None ☐ 1 to 3 ☐ 4 to 7 ☐ 8 to 12 ☐ Greater than 12

5. Are you interested in an automated prescription process that might save you time and effort and provide you with great flexibility?

- ☒ Yes ☐ No ☐ Other

6. If so, would you be interested in a system that, if need be, would allow you to write prescriptions from anywhere in the world?

- ☒ Yes ☐ No ☐ Other

7. If so, would you be interested in a system that would allow you to look up available medications and their uses before prescribing medication to a patient?

- ☒ Yes ☐ No ☐ Other

8. If so, would you be interested in a system that would print out information on all prescribed medications including available forms, possible side effects, past uses for treatments, etc.?

- ☒ Yes ☐ No ☐ Other

9. If so, would you be interested in a system that would allow you to automatically send the prescription to an online prescription auction site that would find the best price for the prescription for your patient?

- ☒ Yes ☐ No ☐ Other

10. If the automated prescription process had the above functionality, would you use it?

- ☒ Yes ☐ No ☐ Other

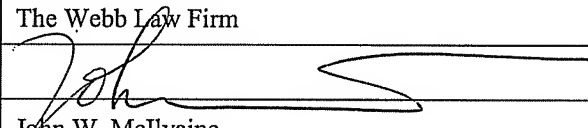
11. What would you be willing to pay for the added information, convenience, flexibility and time-savings this system would provide?

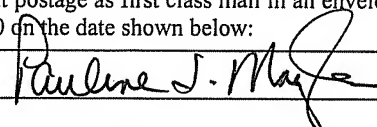
- ☐ Would not use it ☐ \$50 per month ☐ \$500 per year ☒ \$200 per month

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/773,912	
	Filing Date	2/6/2004	
	First Named Inventor	Mr. Constatine A. Domashnev	
	Art Unit	3626	
	Examiner Name	Neal R. Sereboff	
Total Number of Pages in This Submission	18	Attorney Docket Number	4461 - 040040

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input checked="" type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Sample Survey Card-2 pgs.
<div style="border: 1px solid black; padding: 2px; display: inline-block;">Remarks</div>		

The Commissioner for Patents is hereby authorized to charge any additional fees or underpayment of fees under 37 CFR 1.16 and 1.17 to Deposit Account No. 23-0650.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	The Webb Law Firm		
Signature			
Printed Name	John W. McIlvaine		
Date	July 7, 2008	Reg. No.	34219

CERTIFICATE OF TRANSMISSION / MAILING			
I hereby certify that this correspondence is being electronically transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	Pauline J. Moyles	Date	July 7, 2008